

# THE CONTEMPORARY DEFAULTER IN A V.D. CLINIC —FURTHER OBSERVATIONS\*

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In a previous paper (Horne, 1950) the results of a study of some aspects of the male "defaulter" in a venereal diseases clinic were reported. Many of these results were unexpected, and since the numbers of patients in the groups were relatively small and most of them were drawn from one clinic (Edinburgh), similar groups at another clinic have since been studied. These latter groups comprise patients attending the venereal diseases clinic at Leeds between 1950 and 1952, during which time the medical, nursing, and medico-social staff, and the schedules of treatment and management of cases, have remained fairly constant. Owing to the decline in the incidence of venereal diseases some of the groups are again small, but the total number of cases now analysed is large enough to allow conclusions to be drawn confidently. In each group, a very brief review of the conclusions reached in the previous analysis is given.

## **Patients with Early (Primary, Secondary, and Early Latent) Syphilis**

**Men.**—The previous analysis of the conduct of 185 men with early syphilis showed that such patients either completed their prescribed course of treatment or not, irrespective of any steps taken to influence them. The conduct in this respect of a further 46 men with early syphilis has been analysed. An initial course of ten to fourteen daily injections of penicillin (31 of them as outpatients) was prescribed, followed by one, two, or three courses of bismuth (each consisting of ten weekly injections, with a rest of four weeks between each course), depending on the stage of the disease and the response to treatment. The action taken on default was similar to that described for the earlier series.

Three of the 46 defaulted during the course of penicillin; only one of these could be persuaded

to return, and he completed the course. Four others were transferred to other clinics.

A course of bismuth was prescribed for the remaining forty patients; 27 completed the bismuth course uneventfully, but two failed to start it, and eleven (including the patient who had defaulted during the penicillin course) defaulted before completing it. Four were persuaded to return, but all four promptly defaulted again, and three of them returned and defaulted twice more before their follow-up was finally abandoned.

A second course of bismuth was prescribed for thirteen; eleven completed this course, one failed to start it, and one defaulted. The last mentioned returned, but he defaulted twice more, and was finally given up.

Four patients were prescribed a third course and all completed it.

The pattern of default was thus uniform and identical with that in the earlier series. If a patient once defaulted he never completed his treatment however vigorously he was pursued, and the few injections which could be given between the repeated defaults were unlikely to have influenced the cure rate.

**Women.**—In the original study a very small group of women with early syphilis was included for comparison, and the default pattern was identical with that of the male group. A study has been made of a further 46 women with early syphilis. The treatment schedules were sometimes slightly less rigid than in the male series, principally because of the intervention of confinements. A course of penicillin was always followed by one or more courses of bismuth, but penicillin (ten to fourteen daily out-patient injections) was substituted occasionally for a course of bismuth. The follow-up of defaulters was more relentless than in the male series, as the analysis reveals.

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In 46 women (including 23 out-patients) an initial course of penicillin was prescribed. One defaulted during the course, but she was persuaded to return, and she completed it. In all 46, a course of bismuth was prescribed and 36 completed it uneventfully. Of the ten who defaulted before completing it, three failed to return (including the one who had defaulted during the penicillin course). Seven returned, but all promptly defaulted again; one returned and defaulted four more times, one three more times, one twice more, and four once more each, before they were finally given up.

A second course of bismuth was prescribed in 31 and 27 completed it. Of the four who defaulted, one made seven unsuccessful attempts, and two made two unsuccessful attempts each, to complete the course before they were finally given up. A third course was prescribed in sixteen and two defaulted; one of them failed to return, and the other made three unsuccessful attempts to complete the course.

The pattern of default was thus much the same as that in the male series.

#### Patients under Observation after Treatment for Gonorrhoea

In the previous analysis, the default rate after treatment for gonorrhoea in a series of 502 men was 55 per cent. Prompting letters were sent to 175 defaulting patients, and it was shown that the default pattern was very similar to that in the early syphilis series. It was also shown that very little was achieved even when such patients were persuaded to return.

As a result of these conclusions the policy of prompting defaulters to return was modified during the period now under review, and letters were sent only under certain circumstances—for example, when the wife was also receiving treatment, when the source of infection was probably known to the patient but had not been traced, when the patient's wife might have become infected, or when the patient's blood Wassermann reaction was found to be positive.

A prompting letter was sent to 29 such defaulters, and thirteen of them returned. All had a satisfactory bacteriological test of cure at their first return visit; ten defaulted again immediately, and the other three defaulted after only one or two further visits. In only one instance could success be claimed for the object of the follow-up of the patient—he had infected his wife and she was persuaded to attend for treatment (and even in this case it was suspected that the reason for the patient's return

was not the prompting letter but a recurrence of symptoms).

The pattern of default and the sequelae were thus the same as those in the series originally reported.

#### Persons under Observation after Risk of Contracting Venereal Disease

Such persons were advised to remain under observation at the clinic for a total period of 3 months. In the previous analysis it was shown that 238 men at Edinburgh behaved in exactly the same way as 183 men at Leeds. Only about 50 per cent. completed the observation schedule, and there was no difference in the default rate between single and married men, or, among married men, between those who had risked infecting their wives and those who had not; men separated from their wives or divorced showed a significantly higher default rate.

A further series of 391 men was analysed (see Table), and the pattern of default was found to be the same as in the original series at Edinburgh and Leeds.

TABLE  
MEN UNDER OBSERVATION AFTER EXPOSURE TO RISK  
OF CONTRACTING VENEREAL DISEASE  
DEFAULT RATE BY MARITAL STATE

Marital State		Total Cases	Defaulters	
			No.	Rate per cent.
Single .. .. .		233	110	47
	(a) .. .. .	61	24	39
Married ..	(b) .. .. .	70	31	44
	Total ..	131	55	42
Separated or Divorced ..		27	16	59
Total ..		391	181	46

(a) Marital intercourse admitted after extra-marital (*i.e.* wife exposed to risk also).

(b) Marital intercourse not admitted after extra-marital.

#### Conclusions

In each of the groups analysed, the pattern of behaviour with regard to default was identical with that of the corresponding groups reported in the earlier communication (Horne, 1950). The conclusions then drawn and their implications are confirmed by the present study:

(1) in all these types of patient regular attendance is very rare after default has once occurred, and this default pattern is unaffected by personal or other influences;

(2) there is little use in attempting to follow-up patients who default while under observation after

exposure to the risk of contracting venereal disease or after treatment for gonorrhoea ;

(3) an assessment should be made of what constitutes a " defaulter " under contemporary conditions and more careful consideration given to the steps that should (or should not) be taken when default occurs ;

(4) female patients receiving treatment for early syphilis behave in the same way as men.

These results make an interesting contribution to the study of human behaviour. The behaviour of persons under treatment and observation for venereal diseases should be considered in planning the management of such patients, especially in view

of the changing situation with regard to the venereal diseases and their treatment.

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#### REFERENCE

Horne, G. O. (1950). *British Journal of Venereal Diseases*, 26, 164.